

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11953

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3227 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0240</u>	
c. LENGTH OF STAY (in this place) <u>3 Years</u>		d. STREET ADDRESS (If rural, give location) <u>8 Miles North-Excelsior Spgs 8 Miles No. Excelsior Spgs Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>MATTIE</u> c. (Last) <u>ISLEY</u>	
4. DATE OF DEATH <u>April 5-1951</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> <u>2</u>	
8. DATE OF BIRTH <u>Jan 6-1866</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>#####</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William P. Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Holmes</u>	
14. NAME OF HUSBAND OR WIFE <u>#####</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>####</u> (If yes, give year or dates of service) <u>#####</u>	
16. SOCIAL SECURITY NO. <u>#####</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Hazel Isley- Excelsior Spgs Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolus, Cerebral</u> ANTECEDENT CAUSES <u>Semile Arteriosclerosis</u> DUE TO (b) <u>10 yrs?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lansson Clay Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>Sept. 1950</u> , to <u>April 5, 1951</u> , that I last saw the deceased alive on <u>April 4, 1951</u> , and that death occurred at <u>2:38 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Detus E. Buehler M.D.</u>		23b. ADDRESS <u>Lansson Missouri</u>	
23c. DATE SIGNED <u>April 5, 1951</u>		24a. BURNIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>		DATE REC'D BY LOCAL REG. <u>4/7/51</u>	
REGISTRAR'S SIGNATURE <u>Caroline Withings Hope</u>		62 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home Excelsior Spgs Mo.</u>	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

James A. Moles

Licensed Embalmer No. 5296

P. O. Address Excelsior Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.